Denti-Cal
California Medi-Cal Dental Program

Provider Enrollment Status Inquiry

To receive your enrollment status with the Medi-Cal Dental Program, please complete and submit the form below.

NPI: _____
Provider Name: _____
Business Name: _____
Office Address: _____
City: _____
State: _____
Zip Code: _____
Phone Number: _____
Email Address: _____
Contact Name: _____

Please indicate how you would like to be contacted: ☐ Email ☐ Telephone

Submit by Email

Reset Form